February 6, 2019

Provider/External Stakeholders Questions
Revisions to Clinical Policy 1A-22 Medically Necessary Circumcision

1. What is important to your constituents/colleagues regarding this policy?

We recommend clarifying that “paraphimosis” is covered. The current policy includes it on Page 4 of form 1A-22 3.2.1.a.3 where “Paraphimosis” is a covered diagnosis for a circumcision. We support this statement.

Unfortunately on page 8 under Attachment A, Category B includes a list of diagnosis that are excluded. One of the ICD-10-CM codes is for “paraphimosis” N47.2.

We would ask that it be removed from the excluded list as a likely error given that paraphimosis by name is included in the allowed diagnosis’s previously

2. Would you recommend any unit or other limitations to the service?

3. If this service should be limited to certain diagnoses, please include your recommendations with evidence to support the diagnoses that you have recommended.

4. Is there any additional evidence in medical literature on the procedure that you would like to present?

5. What additional criteria would you include in the policy to define the service and identify community standards of practice?